

STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1958

Registration District No.

317

Primary Registration District No.

541

Registrator's No.

3125

46615
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Clayton		c. CITY OR TOWN Ballwin 4000	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. 2 days		d. STREET ADDRESS H1#100 (If outside, give location)	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Fred Middle Potthast Last Potthast		4. DATE OF DEATH Month Dec. Day 9 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 1, 1878
9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	
11. BIRTHPLACE (City and state or country) Grover, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fred Potthast		14. MOTHER'S MAIDEN NAME Sophie Koewing	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. yes-Unk	
17. INFORMANT Norma Schillinger		Address Freeport, Texas	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease - Decompensated Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4000 DUE TO (c) 4000 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Bronchitis - Emphysema		INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12-7-57 to 12-9-57 and last saw ^{her} _{him} alive on 12-9-57 Death occurred at 12:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert J. Saxe MD (Degree or title)		22b. ADDRESS 6015 Brentwood Clayton Mo	
22c. DATE SIGNED 12/9/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-12-57	
23c. NAME OF CEMETERY OR CREMATORY St. John Cemetery		23d. LOCATION (City, town, or county) (State) Ellisville, Missouri	
24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin, Mo		25. DATE RECD. BY LOCAL REG. 12-12-57	
26. REGISTRAR'S SIGNATURE Herbert A. Donk MD			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address Ballwin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.